PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

OR

OR

TOTAL

ADD'L FEE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Number 617749 09 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER EXTRA NUMBER FILED FOR RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c) minus 20 = OR INDEPENDENT CLAIMS minus 3 = OR X \$ (37 CFR 1/6(b)) X S MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL OR TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-NDMENT **AFTER PREVIOUSLY FXTRA** TIONAL TIONAL FEE AMENDMENT PAID FOR FEE Total Minus 3 2 = X \$ (37 CFR 1.16(c)) X \$ OR Independent (37 CFR 1.16(b)) Minus 9 Ш OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  $\mathbf{\omega}$ PRESENT RATE ADDI-REMAINING RATE ADDI-NUMBER **EXTRA** TIONAL TIONAL PREVIOUSLY **AFTER** AMENDMENT PAID FOR FEE FEE ш Total (37 CFR 1.16(c)) Minus ENDM OR Minus X S OR X \$ Ā FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ΩR ADD'L FEE (Column 3) (Column 2) (Column 1) CLAIMS HIGHEST  $\circ$ NUMBER PRESENT RATE ADDI-RATE ADD1-REMAINING **PREVIOUSLY EXTRA** TIONAL TIONAL **AFTER** ENDMENT AMENDMENT PAID FOR FEE FEE Minus Total (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

09/617749

**Application or Docket Number** 

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
FOR			NUMBER FILED			NUMBER (		Г	RATE	FEE		RATE	FEE
BASIC FEE					· 13			77 22	AL A	345.00	OR		690.00
то	TAL CLAIMS	9	=9 minus 20		20=	• 4			X\$ 9=	3/2,00	OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3		3 =	· 1			X39=	<i>5'9</i> , ~	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=	- 2 11 -	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	420	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENTA.	90 y 1 St + 1 + 1		IMS INING		1	HIGHEST NUMBER		Γ		ADDI-			ADDI-
		1	TER		PF	EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 24		Minus ••		27	=		X\$ 9=		OR	X\$18=	
	Independent	• 9		Minus	***	<u>C</u>	= 3		X39=	1200	OR	X78=	
	FIRST PRESE	NTATIO	N OF ML	ILTIPLE DEF	END	ENT CLAIM			+130=	_	OR	+260=	
								L	TOTAL			TOTAL	
		(Colu	mn 1)		(C	olumn 2)	(Column 3)	AC	OIT. FEE		J <b>O</b> (1)	ADDIT. FEE	
AMENDMENT B		CLA REMA			1	HIGHEST NUMBER	PRESENT	Г		ADDI-			ADDI-
		AFT AMENO	rer		PF	EVIOUSLY PAID FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 23	,	Minus		24	<b>=</b>		X\$ 9=		OR	X\$18=	
	Independent	. 19	1.05.10	Minus	***	Ç.			X39=		OR	X78 <u>=</u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	
											OB	TOTAL	
		(Cohe	mn 11		(C	olumn 2)	(Column 3)	AD	OIT. FEE			ADDIT. FEE	
	÷ · · · · ·	(Colui	IMS		ŀ	olumn 2) HIGHEST	(Column 3)	_		ADDI-	1	<del></del>	ADDI-
AMENDMENT C		REMA AFT AMEND	TER		PF	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	・ グラ	3	Minus	**	24	= /		X\$ 9= ·		OR	X\$18=	
	Independent	<u> </u>	٦	Minus	•••	٩	#		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
- 1	f the entry in colu	mn 1 is le:	ss than th	e entry in colu	mn 2.	write "0" in col	umn 3.	Ŀ	+130= TOTAL		OR	+260= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Num							r found	I in the app	ropriate box	in col	umn 1.	